500 mg of this form on AD 205 40		OF INJURY			
For use of this form, see AR 385-40; SECTION 1 - To be completed by Suj					
1. LAST NAME - FIRST NAME - MIDDLE INITIAL (Pro			SERVICE/SOCIAL SECURIT	A PARTY OF THE PAR	A. AGE
to the property of the propert					
5. OCCUPATION OR DUTY WHEN INJURED	6. INJURY	7. RETURN TO DUTY HOUR DATE	B. EXACT LOCATION WHER	O YRULNI 38	CUPRED
9. HOW INJURY OCCURRED (exactly what injured was d	oing and what coused th	e injury)			
10. UNIT OR ORGANIZATION	11. NAME OF SUPI	ERVISOR, MILITAR	Y OR CIVILIAN (print or type)	12. TELEPHO	ONE
SECTION II - To be completed by Medical	Officer or attender	er Contin Commention	- (- (
1. NATURE AND EXTENT OF INJURY OR OCCUPA	TIONAL ILLNESS	n jor injormanon	ing the Supervisor und other.	s, as appropri	rare
2. DISPOSITION (Check one) RETURN TO F	EGULAR DUTY	RETURN	TO WORK OF LIGHT NATUR	RE Hos	PITAL
OTHER (Specify)			SEND HOME OR TO	QUARTERS	
3. ESTIMATED ABSENCE IN DAYS BEYOND DAY ON WHICH INJURY OCCURRED	4 NAME OF MEDI	CAL OFFICER OR	ATTENDANT (Print in type)	5. TELEPHO	NE
NOTE: Sections	III and IV should	not be completed	before Section 11.		
SECTION (This list of general causes is provided to	I III - SUPERVISO			he corrected)
ENVIRONMENTAL	neap the supervise	Thening specific	PERSONAL FACTORS	or corrected.	,
1. UNSAFE METHODS, PROCESSES, PROCEDURES 2. INADEQUATE SAFEGUARDS SAFETY EQUIPMENT 3. IMPROPER OR DEFECTIVE EQUIPMENT. 4. HAZARDOUS LOCATION 5. POOR HOUSEKEEPING		6 PHYSICAL CONDITION - VISION, AGE, WEIGHT, FATIGUE. 7 EMOTIONAL - ANGER, FEAR, RESENTMENT, WORRY. 8 LACK OF SKILL OR KNOWLEDGE. 9 ATTITUDE - INDIFFERENT, BELLIGERENT. 10 UNSAFE WEARING APPAREL OR MANNER OF DRESS			
USING THE ABOVE GUIDANCE, STATE SPECIFIC (
SECTION IV - SUPERVISOR'S RECO may be appropriate are: Supervision, Educat	ion, Training, Adm	inistrative Action,	Engineering, Dusign, Repai	action that r. Maintenand	ce.)
USING THE ABOVE GUIDANCE. STATE SPECIFIC A	CTIONS TAKEN TO	PREVENT RECUR	RENCE		

REPLACES DA FORM 1051.